



PATENT
Attorney Docket No.: IPARA-08769

UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: John M. Barrie, et al.
Serial No.: 10/772,848
Filed: 02/05/2004
Entitled: Systems and Methods for Contextual
Mark-Up of Formatted Documents

Group No.: 2178
Examiner: G. J. Vaughn

REQUEST FOR EXTENSION OF TIME

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)(1)(ii)(A)

I hereby certify that this correspondence (along with any referred to as being attached or enclosed) is, on the date shown below, being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: December 19, 2006

By:

Mary Ellen Waite

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir or Madam:

Applicants hereby petition for a three-month extension of time to answer the outstanding Office Action mailed 04/04/2006, regarding the above-identified patent application. Please find a check enclosed in the amount of \$1,260.00 to cover the extension fee for filing a Response within the third month and filing a Petition For Revival of an Application For Patent Abandoned Unintentionally Under 37 CFR 1.137(b).

The Commissioner is hereby authorized to charge any deficiency in the payment of the required fee(s), and/or credit any overpayment, to Deposit Account No. 08-1290. An originally executed duplicate of this transmittal is enclosed for this purpose.

date: 04/18/2007 CKHLOK
Date/CR: 04/18/2007 HABDELR1 00000016 10772848
-510.00 OP

Dated: December 19, 2006

date: 04/18/2007 CKHLOK 0007410100
Date/CR: 04/18/2007 HABDELR1 00000016 10772848
\$510.00 CR

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12/26/2006 HABDELR1 00000016 10772848
02 FC:2553

510.00 OP

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Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: <u>4-17-07</u>		2 Serial/Patent # <u>10/772848</u>			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
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10 REASON:		<input type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): <u>Extension not necessary.</u>			
11 REFUND REQUESTED BY:		TYPED/PRINTED NAME: <u>Karen Creasy</u> TITLE: <u>Petitions Examiner</u> SIGNATURE: <u>K. Creasy</u> PHONE: <u>2-3208</u> OFFICE: <u>Petitions</u> ***** THIS SPACE RESERVED FOR FINANCE USE ONLY ***** APPROVED: <u>CKhob</u> DATE: <u>4/18/07</u>			

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